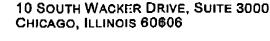
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USPTO	March 21, 2006					
FAX NO.:	TOTAL NO. OF PAGES: (including cover sheet)					
(571) 273-8300						
Application Serial No.	OUR REFERENCE (C/M) NO.:					
10/614,313	004770.00116					
	·					

RE:

In re: Appln. Of Pekonen Appln. No. 10/614,313 Filed: July 7, 2003

BANNER & WITCOFF, LTD.

For: PROTOCOL USING FORWARD ERROR CORRECTION TO IMPROVE HANDOVER

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TRANSMITTA	Application Number	3 7	10/614,313				
FORM	Filing Date		July 7, 2003				
LOVIN	First Named Inven	tor	Pekonen				
		Art Unit		2683			
(to be used for all correspondence after	Examiner Name		Huynh				
Total Number of Pages in This Submiss	Attorney Docket N	umber	004770.0	0116			
	ENCLO	SURES (check all the	t apply)				
Fee Transmittal Form	3)		After Allowance Communication to TC				
Fee Attached	Licensing	related Papers		Appeal Communication to Board of Appeals and Interferences			
Amendment / Reply	Patition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final		Convert to a al Application		Proprietary information			
Affidavils/declaration(s)		Attorney, Revocation of Correspondence Add	ress	Status Letter			
Extension of Time Request	Terminal (Disclaimer		Other Enclosure(s) (please identity below):			
Express Abandonment Request	Request f			Fax Cover Sheet RCE			
Information Disclosure Statement		dscape Table on CD	1				
Certified Copy of Priority Document(s) Reply to Missing Parts/	Remarks	The Commission	ner is here payment	by authoriz of fees to D	ed to charge any under eposit Account Number 19		
Incomplete Application	}						
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under 37 CFR1.52 or 1.53	<u> </u>			•			
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Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).)	Complete If Known				
FEE TRANSMITTAL				Application Number	10/614,3	13	·
for FY 2005			<u> </u>	ling Date	July 7, 2003		
101112003				First Named Inventor	Pekonen		
☐ Applicant claims small entity status. See 37 CFR 1,27			7 [Examiner Name	Huynh		
TOTAL AMOUNT OF PAYMENT ((5) 910.00		Art Unit 2683			
				Attorney Dockel No.	004770.00116		
METHOD OF PAYE	MENT (check a	all that apply)					
☐ Check ☐ Cred	it Card 🔲 Mo	ney Order None	Othe	r (please identify)	:		
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For the above	ve-identified dep	osit account, the Direc	tor is herei	by authorized to: (ch	eck all that ap	ply)	
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FEE CALCULATIO	N_						-
1. BASIC FILING,		D EXAMINATION F					
	FILING I	FEES Small Entity	SEARC	H FEEŞ Small Entity		ATION FEES Small Entity	
Application Typ	<u> Fee (\$)</u>	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM	1 FEE8						Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20	(including Reis	38u c 6)				50	25
Each independent of		cluding Reissues)				200	100
Multiple dependent claims			_	31			180
				e Paid (\$)			Dependent Claims
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3. APPLICATION S	•	Administration for, it greaters	U18N 3.				
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listings unde	7 37 CFR 1.52(e	e)), the application size	c fee due is	S250 (\$125 for sm	rail entity) for	each additions	1.50
sheets or frac	ction thereof. Se	e 35 U.S.Ç. 41(a)(1)(G) and 37 (CFR 1.16(s).			
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)							Fee Raid (\$)
100 = /50 = (round up to a whole number) x							
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): RCE (\$790.00) and Extension of Time Fee (\$120.00)							<u>\$910.00</u>
CIDMITTED BY							
SUBMITTED BY	Challe	1 10/		Registration No.	12 BUE		212 462 E000
Signature Name (Print/Type)	Charles			(Altomey/Agent)	43.805	Telephone	312.463,5000 March 21, 2008

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